

and one fœtus came into the world too soon, or too late; or else the case has been narrated so imperfectly as to prove nothing on either side of the question. So far Dr. Siebold. Dr. Meissner, who reports the above case in *Schmidt's Jahrbücher*, observes that even when both children are born alive and of apparently different ages, it is not a proof of superfœtation. He once saw a case where of two children born at the same time one was at the full period, and the other, though born alive, was apparently a seven months child, and weighed only two pounds and a half; yet both had a common placenta and a common chorion, but the amnion was double. This case proves that from some circumstance a twin child may be retarded in its growth. Immediately after this case we find one of the same class where triplets were borne. On the first of April 1838, says G. A. Michaelis, M. P. was prematurely delivered of two boys, both dead; on the 16th of July she was delivered of the third child of the triplet, who was alive and well when the case was reported in *Pfaff's Mittheil*, 1838, Hft. 9 and 10. *Lond. Med. Gaz.* April, 1840.

The following case was communicated to the Westminster Medical Society (Feb. 15th, 1840,) by Mr. Stone.

"Mrs. S., who had borne eight living children and one dead one, became pregnant for the tenth time. Nothing unusual occurred during the progress of gestation, which terminated at the time on which she had calculated. A full-grown child was born soon after commencement of labour. The uterus began to act again in about half an hour, and in the course of a short time a fœtus was expelled, of about six months or rather within that period, compressed and flattened, and not appearing to have lately lived, yet it was not putrid, nor had it any of those appearances of desquamation usually found in a fœtus which is believed to have remained dead in the uterus, under ordinary circumstances; the placenta followed in a short time, one part, which had contained the healthy fœtus, had its usual characteristics; the other part was small, and did not appear to have carried on any of its functions for some time; the vessels were shrunk and bloodless, but the membrane had been whole up to the time of labour, as was indicated by their appearance, as well as by the fact that there had been no vaginal discharge during the pregnancy. In this case the live child proved to be the most wretched idiot Mr. Stone had ever seen.—*Lancet*, Feb. 29, 1840.

5. *Transposition of the Thoracic and Abdominal Viscera, accompanied with an unusual Variety in the Venous System.*—A. M. M. WHINNIE, relates the following curious example of this malformation in a recent No. of the *Lond. Med. Gazette* (April, 1840.)

"The subject was a female about 25 years of age, concerning whose history no particulars could be ascertained. Death was found to have been caused by acute inflammation of the lungs. The body, which was loaded with fat, presented no peculiarity externally.

"Attention was first drawn to the fact that there was misplacement of the viscera, from the complete absence of large intestine on the left side of the abdomen. On examining the right iliac fossa, the colon was found to ascend from a very large cœcum, which was rather more elevated than usual, the situation of its appendix vermiformis being reversed. The colon ascended in rather a tortuous course, into the right hypochondrium, whence, instead of crossing the epigastric region, it became folded suddenly upon itself, and descended close to the inner side of the ascending portion, to form a very extended sigmoid flexure. The large intestine being thus confined to the right side of the abdomen, was of about its usual length, and finally pursued its course along the middle line of the sacrum.

"The stomach was situated very obliquely; the larger extremity occupying the right hypochondrium, and the organ was curved to such an extent that its two orifices were very nearly approximated; the cardiac opening being placed a little to the right of the pyloric.

The duodenum descended first, a little obliquely, towards the right of the

vertebral column; then ascended in a line parallel to the other portion, and afterwards passed almost transversely to the left of the spine, so that the jejunum commenced almost in its usual situation. The small intestines were chiefly contained in the left iliac fossa. The superior mesenteric vein was placed in front of the two first and parallel portions of the duodenum, which separated it from the corresponding artery which was behind.

"Liver of about the ordinary size; the larger lobe, with which the gall-bladder was connected, placed in the left hypochondrium. The spleen consisted of three distinct portions, connected with the larger extremity of the stomach in the right hypochondrium. Each received one or more large branches from the splenic artery, which divided very near to its origin.

"Nothing very remarkable was presented in the appearance of the rest of the abdominal viscera.

"*Thorax.*—The heart occupied rather more the middle line of the chest than ordinarily, the apex pointing to the right side. The situations of the large vessels were completely reversed.

"The œsophagus descended to the left of the aorta; the thoracic duct, ascending also on the left of this vessel, formed a curve to terminate at the junction of the right subclavian and internal jugular veins.

"The left lung had three lobes.

"A remarkable feature in the case is the disposition of the vena cava inferior, which, after being formed by the union of the common iliac veins (in this instance as high as the first lumbar vertebræ), and, receiving the lumbar, renal, spermatic, and phrenic veins, entered the chest through the diaphragm, close to the left of the aortic opening. From this point it continued to ascend parallel with, and to the left of the aorta, and, arriving at a level with the arch of this vessel, curved forward over the left pulmonary vessels to join the vena cava superior.

"The thoracic portion of the inferior cava resembled, therefore, the vena azygos; it received the intercostal, bronchial, and œsophageal branches, and took the same course as this vessel when it exists.

"The vena cava hepatica united to form a trunk, which entering the chest through the left of the tendinous centre of the diaphragm, terminated separately in the reversed right auricle.

"The condition of the spleen is worthy of remark, as having been found imperfect in other instances of transposition of the viscera, and appears to be the only organ in which development has been arrested in these cases.

In the museum of St. Bartholomew's Hospital is preserved the preparation described by Mr. Abernethy in the 83d volume of the Philosophical Transactions, where there is a somewhat similar condition of the inferior cava in connection with the reversed position of the heart. The inferior cava passing through the chest on the right of the aorta, and pursuing the course of the vena azygos, the place of which it supplied, it received also the vena portæ nearly on a level with the renal veins. The veins returning the blood from the liver passed through the central tendon of the diaphragm, and opened separately, as in the above case, into the anterior auricle.

Several instances are recorded, and particularly by Krause, in his *Hanbuch der Menschlichen Anatomie*, of variety in the vena cava inferior, and supplying the place of the vena azygos, but apparently unconnected with any abnormal portion of the viscera.

6. *Lateral Transposition of the Abdominal Organs alone.*—The following example of the anomaly has been met with by Mr. CURLING. "A man aged 40 was received into the London Hospital 5th October, 1839, labouring under symptoms of disease of the heart, with general dropsy. He died October 12th; and on examination of the body, seventeen hours after death, the following appearances were found. The body was muscular and well formed, but generally anasarous. There were extensive pleuritic adhesions on the right side of the chest, and about sixteen ounces of serum. The left side contained full three